



# LEE'S SUMMIT MISSOURI

## Scope of Work Statement

Applicant: Tricounty Plumbing Contractor/Homeowner/Tenant? (Circle one)  
Primary Contact: 816-720-3222 Phone: A Email: Tricounty Plumbing@gmail.com

Project Address: 1717 NE Parkwood Dr  
Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Residential/Commercial? (Circle one))

Water service repair/replace: <input type="checkbox"/>	Work in right of way? <input type="checkbox"/>
Sewer service repair/replace: <input type="checkbox"/>	Work in right of way? <input type="checkbox"/>
Electrical service repair/replace <input type="checkbox"/>	Amperage: _____ (Engineer required of $\geq 400$ )
HVAC repair/replace <input type="checkbox"/>	
Uncovered deck: <input type="checkbox"/>	Covered deck: <input type="checkbox"/> Square feet: _____
Accessory Structure: <input type="checkbox"/>	Description: _____ Square feet _____
Interior Alterations: <input type="checkbox"/>	Description: _____ Square feet _____
Addition: <input type="checkbox"/>	Description: _____ Square feet _____
Retaining wall over 48" <input type="checkbox"/>	
Swimming pool <input type="checkbox"/>	Electrical contractor _____ Plumber (NG?) _____
Lawn irrigation <input type="checkbox"/>	
Other: <input checked="" type="checkbox"/>	_____

Gas Line to fire pit

Cost of project including labor \$ 800

AFFIDAVIT: I hereby certify that I have the authority to make the foregoing application and that the application, the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Codes adopted by the City of Lee's Summit and all applicable ordinances.

[Signature]  
Signature of Applicant

Harold Aguilera  
Printed Name of Applicant

1-8-19  
Date

Codes Admin/Forms/Codes/Forms/Scope of Work Statement